

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581170

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1	1	1			
8	1		1			
9		1		1		
10	2		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	2		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	2		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
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42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)			(1)	
52		(1)			(1)	
53		(1)			(1)	
54		(1)			(1)	
55		(1)			(1)	
56		(1)			(1)	
57		(1)				
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96						
97						
98						
99						
100						
TOTAL IND.			↓		9	↓
TOTAL DEP.			←		45	←
TOTAL CLAIMS					54	